Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

linter	nal Re	venue Service	<b>-</b>	The organization may have to	use a copy of this return	to satisfy	state repo	orting regu	ireme	nts.	Inspection
A	For ti	ne 2004 calenda	ır year, c	r tax year beginning	7/1/2004		ending			/2005	
В	Check	if applicable:	Please	C Name of organization		•••		D Em	ployer	identification	n number
Ш	Addre	ss change	use IRS	Travelers Aid Society of Sac	ramento, Inc.			94-11	6742:	3	
	Nance	change	label or print or	Number and street (or P.O. box if	mail is not delivered to street	address)	Room/su			number	
	Initial	ekun	type.	2251 Florin Road				(016)	200.0	0646	
$\sqcap$	Const.		See Specific	City or town	Ctata as as as as			(916)			
님	Einal i		instruc-	City of town	State or countr	y 21	P+4		ı	g method:	Cash X Accrual
H	Amen	ded return	tions.	Sacramento	CA		5822		Other (	(specify) >	
	Applic	ation pending	• Section	on 501(c)(3) organizations and 4947	(a)(1) nonexempt charitable	)	H and I a	re not applica	ble to	section 527 on	ganizations.
•			trusti	must attach a completed Schedule	A (Form 990 or 990-EZ).					for affiliates?	Yes X No
G	G Website: H(b) If Yes				f "Yes," enter	numbe	er of affiliates	<b></b>			
							H(c) A	Ve all affiliate	s inclu	ded?	Yes No
J	Organ	ization type (chec	k only one	) ► X 501(c) ( 3 ) ◀ (ir	sert no.)4947(a)(1) or	527	] (	if "No," attaci	h a list.	See instruction	ns.)
	Check	here ▶	if the orga	nization's gross receipts are normally	not more than \$25,000. The		] H(d) H	s this a sena	rate reh	um filed by an	omanization
,	rgani;	ration need not file	a return w	ith the IRS; but if the organization rece	ived a Form 990 Package in	the		covered by a			Yes X No
,	mail, il	Should lile a return	without fi	nancial data. Some states require a o	omplete return.			Group Exemp			<u></u>
							·				n is not required
L	Gross	receipts: Add lin	nes 6b. 8	b, 9b, and 10b to line 12		581,247		o attach Sch	B /For	m 990, 990-E2	ii is flot required 7 or QQA_DE\
Pai				ses, and Changes in Net			(See pa	ne 18 of	tho i	netruction	20 1
	<u> 1</u>	Contribution	s aifts	grants, and similar amounts	received.	iai icea	(Oee pa	ige 10 OI	THE I	Hattuction	15.)
				rt		a		^			
		b Indirect pub	lic supp	ort	· · · · · · · · · · · · · · · · · · ·	b		113,469			
		c Governmen	t contrib	outions (grants)	· · · · · · · · · · · · · · · · · · ·	c		467,778			
		d Total (add I	ines 1a		noncash \$			101,170	1d		E01 047
	2			venue including government f	ees and contracts (from	m Part V	Il line 9	<del></del> ′	2		<u>581,247</u> 0
	3	Membership	Membership dues and assessments						3		
	4			and temporary cash investme	ents				4		0
	5	Dividends a	nd inter	est from securities					5		
	6	a Gross rents	nts						<u> </u>		
		b Less: rental	expens	es	6b						
		c Net rental ir	icome o	r (loss) (subtract line 6b from	line 6a)				6c		0
e.	7	Other invest	tment in	come (describe				<b>)</b>	7		0
Revenue	8			sales of assets other	(A) Securities		(B) Oth	er			
é		than invento	ory		. 0 8	а		0			
				basis and sales expenses .	0 8	b		0			
				h schedule)		ic		0			
		d Net gain or	(loss) (c	ombine line 8c, columns (A)	and (B))			]	8d		0
	9	Special event	s and ac	tivities (attach schedule). If any a		heck here	, I	▶∐│			
	'	a Gross rever			<u>0</u> of						
	1	h Less direct	s report	ed on line 1a) es other than fundraising exp	9	a		0			
	1	c Net income	or (loce)	es other trian fundraising exp ) from special events (subtrac	enses	<u>b  </u>		0			
	10	a Gross sales	of inver	ntory, less returns and allowa	t line 90 from line 9a)	4			9c		0
		b Less cost o	f anads	sold	1005	Da   Db					
		C Gross profit o	r (loss) fr	rom sales of inventory (attach sale			-117E	0			
	11	Other reven	ue (from	rom sales of inventory (attach sci n Part VII, line 103)	reduie) (Subtract line 100	Homey C	MAY C	Office	10c		0
	12	Total reven	ue (add	lines 1d, 2, 3, 4, 5, 6c, 7, 8d,	9c 10c and 11)	Homey C	Seuerain		11	<del></del>	0
	13	Program se	rvices (f	rom line 44, column (B))	00, 100, and 117 . F			arvi	12		581,247
868	14	Managemer	nt and go	eneral (from line 44, column (	CI)	NAI	19.7	ן טוט.	13		568,980
Expenses	15	Fundraising	(from lin	ne 44, column (D))	- <i>,</i> ,	. grani	 معسد م	√a: .	14 15		24,237
쓠	16	5 December to a fell than 1 to 1					egistry (	rusts	16		0
_	17	Total exper	ses (ad	ld lines 16 and 44, column (A	))		table T	• • •	17		0
Š	18	Excess or (c	deficit) fo	or the year (subtract line 17 fr	om line 12)	-		·	18		593,217
SSe	19	Net assets	or fund b	palances at beginning of year	(from line 73, column	(A))		· · ·	19		<u>-11,970</u>
Net Assets	20	Other chang	jes in ne	et assets or fund balances (at	ach explanation)			<del> </del>	20		112,835 161,374
ž	21	Net assets	or fund b	palances at end of year (comb	ine lines 18, 19, and 2	(0)		]	21		262,239
For	Priva	cy Act and Pap	erwork F	Reduction Act Notice, see the s	eparate instructions	<u> </u>	<del></del> -	·	<u>1</u>		
(HTA)		. •			- p						Form <b>990</b> (2004)

Punctional Expenses	Part I		All organizations must complete colur	nn (A). Co	olumns (B), (C), and (	(D) are required for se	ction 501(c)(3) ar	nd (4) organizations
20   Graits and allocations (clatch schedule)   22   0   0   0		Functional Expenses	and section 4947(a)(1) nonexempt ch	aritable tr	usts but optional for o	others. (See page 22 o	of the instructions	.)
22 Grants and allocations (statch schedule)					(A) Total	(B) Program	(C) Manageme	int (O) 5 days
(cash \$ 0 noncash \$ 0) 22 0 0 0 23 Specific assistance to individuals (attach schedule) 23 0 0 24 Benefits paid to or for members (attach schedule) 24 0 0 25 Compensation of officers, circlocros, etc. 25 0 0 26 Other salaries and wages 26 175,887 160,291 15,596 7 27 0 0 28 Other employee benefits 28 36 5,370 6,159 211 7 29 Payroll attace 29 14,070 12,823 1,247 7 20 0 1 21 0 0 1 12,823 1,247 7 20 0 12,823 1,247 7 20 0 12,823 1,247 7 20 0 12,823 1,247 7 20 0 12,823 1,247 7 20 0 12,823 1,247 7 20 0 12,823 1,247 7 20 0 12,823 1,247 7 20 0 12,823 1,247 7 20 0 12,823 1,247 7 20 0 12,823 1,247		60, 80, 90, 10b, or 16	of Part I.	<u> </u>	(7) 1000	services	and gener	al (U) Fundraising
23 Specific assistance to Individuals (attach schedule) 24 Benefits paid to or for members (attach schedule) 25 Compensation of officers, directors, etc. 25 Other salaries and wages 27 Pension plan contributions 28 Other salaries and wages 28 Other salaries and wages 29 Payroll taxes 29 Payroll taxes 30 Other suppose benefits 29 Payroll taxes 31 Accounting fees 32 1,007 12,823 1,247 31 Accounting fees 33 Supplies 32 Legal fees 33 Supplies 33 Supplies 34 1 Felephone 35 2,487 2,063 424 36 Telephone 36 Occupancy 37 Equipment rental and maintenance 38 Printing and publications 39 Printing and publications 39 Printing and publications 39 Printing and publications 39 Printing and publications 30 Printing and publications appearse not covered above (temize): a Program services 40 Printing Pr	22	frants and allocations (attach sc				]		
24 Benefits paid to or for members (attach schedule) 25 Compensation of officers, directors, etc. 26 Other salaries and wages 27 Pension plan contributions 27 Pension plan contributions 28 Other employee benefits 28 As 6,370 6,159 211 29 Payroll taxes 29 14,070 12,823 1,247 30 Professional fundraising fees 30 0 0 31 Accounting fees 31 Accounting fees 32 Legal fees 33 2 0 34 1,287 2,083 424 35 Pestage and shipping 36 Occupancy 37 Pension plan for the plan for the plan feet of t			ncash \$0)			<del></del>	,	
25 Ompensation of officers, directors, etc.	24	Renefits paid to or for members /	(attach schedule)				•	
26 Other salaries and wages	25	Compensation of officers directo	attach schedule)				<u> </u>	
Person plan contributions	26	Other salaries and wages	rs, etc	-		<del></del>		
28   6,370   6,158   211	27	Pension plan contributions	• • • • • • • • • • • • • • • • • • • •				15,8	596
29   Payroli taxes   29   14,070   12,823   1,247   30   Professional fundraising fees   30   31   30   31   Accounting fees   31   30   32   32   Legal fees   32   0   44   33   Supplies   33   2,487   2,063   424   34   Telephone   34   4,993   4,376   617   35   Postage and shipping   35   50   17,997   17,997   0   36   Cocupancy   36   17,997   17,997   0   37   Equipment rental and maintenance   37   0	28	Other employee benefits						
30	29	Payroll taxes						
31 Legal fees	30	Professional fundraising fees		_			1,2	24/
32	31	Accounting fees						
33 Supplies	32	Legal fees		-		<del></del>		
14	33	Supplies						104
Section of the program service Streepes (attach schedule)  Section of the appropriate of the aggregate and adocations some of the instructions.)  Program service Statement of Program service Accomplishments (See page 25 of the instructions.)  Program service Statement of Program service Accomplishments (See page 25 of the instructions.)  Program service (Grants and allocations \$ 467,778 ) 568,989  Carpora Service Contents in the form of housing and food.  Grants and allocations \$ 467,778 ) 568,989  Carpora Service Streepes (Statech schedule)  Grants and allocations \$ 467,778 ) 568,989  Carpora Service Contents in the form of housing and food.  Grants and allocations \$ 467,778 ) 568,989  Carpora Service Contents in the form of housing and food.  Grants and allocations \$ 467,778 ) 568,989  Carpora Service Contents in the form of housing and food.  Grants and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents and allocations \$ 467,778 ) 568,989  Carpora Service Contents an	34	Telephone						
36   17,997   17,997   0  78   Equipment rental and maintenance   37   0   0  81   Printing and publications   38   0   0   0  82   Printing and publications   38   0   0   0   0  83   Travel   39   1,467   1,467   0   0  84   Conferences, conventions, and meetings   40   0   0   0   0   0  84   Interest   41   0   0   0   0   0   0   0   0   0	35	Postage and shipping				- 11-1-		-
37 Equipment rental and maintenance 37 0 0 38 Printing and publications 38 Printing and publications 38 Printing and publications 38 0 0 1 467 1,467 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	36	Occupancy		_				
Travel 38	37	Equipment rental and maintenand	e			17,557		<u> </u>
Travel   39   1,467   1,467   0	38	Printing and publications		38				<u> </u>
Ontererose, conventions, and meetings 41 1 Interest 41 1 1	39	Travel	<i></i> .	39	1,467	1,467		0
Depreciation, depletion, etc. (attach schedule)  3.200  42 3.200  3.200  43 Other expenses not covered above (itemize): a Program exp. 43a 327.514 327.514 411  5 Insurance  5 Insurance  6 Specific assistance  6 43c 6.354 6.354 0  6 Miscellaneous  43c 0.592 18,061 2.531  6 43e 0  7 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15 44 593,217 568,980 24,237  44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15 44 593,217 568,980 24,237  45 Joint Costs. Check  if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  45 Joint Costs. Check  if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  45 Joint Costs. Check  if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  46 Joint Costs. Check  if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  47 Joint Costs. Check  if you are following solicitation reported in (B) Program services?  48 Joint Costs. Check  if you are following and fundraising solicitation reported in (B) Program services?  49 Joint Costs. Check  if you are following solicitation reported in (B) Program services?  40 Joint Costs. Check  if you are following and fundraising solicitation reported in (B) Program services (Byself Cost on Solicitation Institutions.  40 Joint Costs. Check  if you are following and fundraising solicitation reported in (B) Program services (Byself Cost on Solicitation Institutions.  41 Joint Costs. Check  if you are following solicitation reported in (B) Program services (Byself Cost on Solicitation Institutions.  42 Joint Costs (Byself	40	Conferences, conventions, and m	ieetings	40				<del></del>
A3 Other expenses not covered above (itemize): a Program exp.  A3 3 327,514 327,514 11,675 411  b Insurance  c Specific assistance  43c 6,354 6,354 0  d Miscellaneous  43d 20,592 18,061 2,531  43d 20,592 18,061 2,531  44 Total functional expenses (add lines 22 through 43), Organizations  completing columns (B)-(D), carry these totals to lines 13—15 44 593,217 568,980 24,237  Joint Costs. Check  if you are following SOP 98-2.  Ive any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  I'ves, enter (b) the aggregate amount of these joint costs \$ 0.1 (ii) the amount allocated to Program services \$  20 (iii) the amount allocated to Management and general \$ and (iv) the amount allocated to Fundraising \$  20 (iii) the amount allocated to Fundraising \$  21 (iii) the amount allocated to Fundraising \$  22 (iv) the amount allocated to Fundraising \$  23 (iv) the amount allocated to Fundraising \$  24,237  25 (iv) the amount allocated to Fundraising \$  26 (iv) the amount allocated to Fundraising \$  27 (iv) the amount allocated to Fundraising \$  28 (iv) the amount allocated to Fundraising \$  29 (iv) the amount allocated to Fundraising \$  20 (iv) the amount allocated to Fundraising \$  20 (iv) the amount allocated to Fundraising \$  20 (iv) the amount allocated to Fundraising \$  21 (iv) the amount allocated to Fundraising \$  22 (iv) the amount allocated to Fundraising \$  23 (iv) the amount allocated to	41	Interest		41	0			
Unified expenses not covered above (itemize): a Program exp. 43a 327,514 327,514 327,514 31,000 1 43b 12,286 11,875 411    c Specific assistance 43c 6,354 6,354 0    d Miscellaneous 43d 20,592 18,061 2,531    e 43e 0    4 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13 - 15    44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13 - 15    44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13 - 15    44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13 - 15    45    46    47 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13 - 15    45    46    47 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13 - 15    47    48    49    49    40	42	Depreciation, depletion, etc. (atta-	ch schedule)	42	3,200		3.2	00
c Specific assistance  d Miscellaneous  43c 6,354 6,354 0  d Miscellaneous  43d 20,592 18,061 2,531  44f Total functional expenses (add lines 22 through 43). Organizations  completing columns (B)-(D), carry these totals to lines 13—15  44f Total functional expenses (add lines 22 through 43). Organizations  completing columns (B)-(D), carry these totals to lines 13—15  44f Total functional expenses (add lines 22 through 43). Organizations  completing columns (B)-(D), carry these totals to lines 13—15  44f Total functional expenses (add lines 22 through 43). Organizations  completing columns (B)-(D), carry these totals to lines 13—15  44f Total functional expenses (add lines 22 through 43). Organizations  completing columns (B)-(D), carry these totals to lines 13—15  44f Total functional expenses (add lines 22 through 43). Organizations  completing columns (B)-(D), carry these totals to lines 13—15  44f Total functional expenses (add lines 22 through 43). Organizations  completing columns (B)-(D), carry these totals to lines 13—15  44f Total functional expenses (add lines 22 through 43). Organizations  completing columns (B)-(D), carry these totals to lines 13—15  44f Total functional expenses (add lines 22 through 43). Organizations program services (add lines 22 through	43 (	Other expenses not covered above (it	emize): a Program exp.	43a	327,514	327,514		
d Miscellaneous 43d 20,592 18,061 2,531  f Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13 - 15 44 593,217 568,980 24,237  Joint Costs. Check   if you are following SOP 98-2.  Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?   Ves X No 1 'Yes,' enter (i) the aggregate amount of these joint costs \$ 0 : (ii) the amount allocated to Program services \$ ind (iii) the amount allocated to Fundraising \$ 20 : (ii) the amount allocated to Fundraising \$ 20 : (ii) the amount allocated to Fundraising \$ 20 : (iii) the amount allocated to Fundraising \$ 20 : (ii) the amount allocated to Fundraising \$ 20 : (iii) the amount allocated				43Ь	12,286	11,875	4	11
43		diagollongous			6,354	6,354		0
44 Total functional expenses (add lines 22 through 43). Organizations completing columns. (B)-(D), carry these totals to lines 13—15. 44. 593,217. 568,980. 24,237  Joint Costs. Check	u i			_	20,592	18,061	2,5	31
Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15. 44 593,217 568,980 24,237  Joint Costs. Check   if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?   Yes   No (1 Yes, enter (i) the aggregate amount of these joint costs   0 : (ii) the amount allocated to Program services   1 iii) the amount allocated to Program service   1 iii) the amount allocated to Fundraising   1 iii) the amount allocated to Fundraising   2 iii) the amount allocated to Fundraising   3 iii) the amount allocated to Fundraising   4 iii) the amount allocated to Fundraising   5 iii) the amount allocated to Fundraising   5 iii) the amount allocated to Fundraising   4 iii) the am	f							
Completing columns   (B)-(D), carry these totals to lines 13—15   44   593,217   568,980   24,237	44	Total functional expanses (add lines 22)	through 420 County 4	43f	0			
Joint Costs. Check	,	Completion columns (PL/D) come the	uirough 43). Organizations	4.0				
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?    Yes	Joint C			44	593,217	568,980	24,2	37 (
iii) the amount allocated to Management and general \$ iii) the amount allocated to Management and general \$ iii) the amount allocated to Management and general \$ iii) the amount allocated to Management and general \$ iii) the amount allocated to Fundraising \$  Statement of Program Service Accomplishments (See page 25 of the instructions.)  What is the organization's primary exempt purpose?   Iii) the amount allocated to Program services \$ iii) the amount allocated to Fundraising \$  Part III   Statement of Program Service Accomplishments (See page 25 of the instructions.)  What is the organization's primary exempt purpose?   Iii) the amount allocated to Fundraising \$  Program Service Expenses (Required to \$01(c)(3) and (4) the program service (All organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  Assistance for families that need help to relocate or need housing. Assistance program for city residents only.  (Grants and allocations \$ 467,778 ) 568,980  (Grants and allocations \$ )	Are anv	igint costs from a combined education	ol compains and fundamental					
Statement of Program Service Accomplishments (See page 25 of the instructions.)  What is the organization's primary exempt purpose?   Help the needy and people with housing challenges.   Expenses of clients served, publications issued, etc. Discuss achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  a Assistance for families that need help to relocate or need housing. Assistance program for city residents only.  Aid given to clients in the form of housing and food.  (Grants and allocations \$ 467,778 ) 568,989  (Grants and allocations \$ )	f "Yes."	enter (i) the aggregate amount of the	se joint costs	icitation	reported in (B) P	rogram services?	▶[	Yes XNo
Statement of Program Service Accomplishments (See page 25 of the instructions.)  What is the organization's primary exempt purpose?   Help the needy and people with housing challenges.   All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) programizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  Aid given to clients in the form of housing and food.  (Grants and allocations \$ 467,778) 568,986  (Grants and allocations \$ )  (Grants and allocations \$ )  (Grants and allocations \$ )	iii) the a	mount allocated to Management and	general \$	<u>U</u> :	(II) the amount a	llocated to Progra	m services <b>\$</b> _	;
What is the organization's primary exempt purpose?   Help the needy and people with housing challenges.  It organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) priganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  All given to clients in the form of housing and food.  (Grants and allocations \$ 467,778)  (Grants and allocations \$ )		Statement of Program S	Service Accomplishment	- /Saa	and (IV) the amo	unt allocated to Fu	undraising \$	<del></del>
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) program and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  Aid given to clients in the form of housing and food.  (Grants and allocations \$ 467,778 ) 568,986  (Grants and allocations \$ )		Alexander of the second of the	service Accomplishment	s (5ee	page 25 of th	e instructions.	)	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) program and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  Aid given to clients in the form of housing and food.  (Grants and allocations \$ 467,778 ) 568,986  (Grants and allocations \$ )	vnat is	the organization's primary exemp	ot purpose?	dy and	people with ho	using challenge	s.	Program Service
Aid given to clients in the form of housing and food.  (Grants and allocations \$ 467,778)  (Grants and allocations \$ 467,778)  (Grants and allocations \$ )	Alf organ	izations must describe their exempt of	NIMOSA achievements in a close	and aan			<u>-</u>	
a Assistance for families that need help to relocate or need housing. Assistance program for city residents only.  Aid given to clients in the form of housing and food.  (Grants and allocations \$ 467,778) 568,98  (Grants and allocations \$ )	n chenia	, serven, bringrations issued, etc. Disc	CUSS achievements that are not r	naasura	hle (Section Ent	(a)(2) and (4)		
Assistance for families that need help to relocate or need housing. Assistance program for city residents only.  Aid given to clients in the form of housing and food.  (Grants and allocations \$ 467,778 ) 568,986  (Grants and allocations \$ )	ngai iiza	nons and 4547 (a)(1) nonexempt chan	itable trusts must also enter the a	amount (	Alle has stasto to	cations to othern \	J	
(Grants and allocations \$ 467,778) 568,98  (Grants and allocations \$ )	a Ass	istance for families that need help	p to relocate or need housing	. Assis	tance program	for city residents	only	others.)
(Grants and allocations \$ 467,778 ) 568,986  (Grants and allocations \$ )  (Frants and allocations \$ )  (Grants and allocations \$ )	Aid	given to clients in the form of hou	ising and food			ar and indicating	,	
(Grants and allocations \$ )  d (Grants and allocations \$ )  e Other program services (attach schedule) (Grants and allocations \$ )  f Total of Program Service Expenses (should equal line 44 selections \$ )								
(Grants and allocations \$ )  d (Grants and allocations \$ )  e Other program services (attach schedule) (Grants and allocations \$ )  f Total of Program Service Expenses (should equal line 44 selections \$ )				(Gra	nts and allocation	ons \$	467.778)	568 980
d (Grants and allocations \$ )  e Other program services (attach schedule) (Grants and allocations \$ )  f Total of Program Service Expenses (should equal line 44 selections \$ )	Ð						,,,,,,,,	
d (Grants and allocations \$ )  e Other program services (attach schedule) (Grants and allocations \$ )  f Total of Program Service Expenses (should equal line 44 selections \$ )	• • • •							
d  (Grants and allocations \$ )  e Other program services (attach schedule) (Grants and allocations \$ )  f Total of Program Service Expenses (should equal line 44 selections \$ )				<b></b>				
d (Grants and allocations \$ )  e Other program services (attach schedule) (Grants and allocations \$ )  f Total of Program Service Expenses (should equal line 44 column (f)) S	<u></u>			(Grai	nts and allocation	ons \$		
e Other program services (attach schedule)  (Grants and allocations \$ )  (Total of Program Service Expenses (should equal line 44 column (f))	·			<b></b>				
e Other program services (attach schedule)  (Grants and allocations \$ )  (Total of Program Service Expenses (should equal line 44 column (f))								
e Other program services (attach schedule)  (Grants and allocations \$ )  (Total of Program Service Expenses (should equal line 44 column (f))		***************************************				************		
e Other program services (attach schedule)  (Grants and allocations \$ )  (Grants and allocations \$ )  (Total of Program Service Expenses (should equal line 44 column (f))	d					ons \$		
f Total of Program Services (attach schedule) (Grants and allocations \$ )		***************************************		· • • • • • •				
f Total of Program Services (attach schedule) (Grants and allocations \$ )				·				
f Total of Program Services (attach schedule) (Grants and allocations \$ )		• • • • • • • • • • • • • • • • • • • •			.,,			
f Total of Program Service Expenses (should equal line 44 column (D). Sugar discountries	e Othe	er program services (attach scher	tule)	(Gran	nts and allocation	ns \$	) ]	
568,980	f Tota	of Program Service Expenses	Should equal line 44 action	(Gran	ns and allocatio	ыл <b>s 2</b> 5	1	
			, oduai iiilo 44, COIUIT	ırı (D),	riogram service	85]	· · · <b>&gt;</b>	568,980

Par	t IV	Balance Sheets (See page 25 of the instructions.)			
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	106,825	45	95,859
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable			
	ь	Less: allowance for doubtful accounts 47b 0	0	47c	0
		Pledges receivable	0	48c	0
	l	Less: allowance for doubtful accounts 48b 0	0 69,049		63.332
	49	Grants receivable	59,049	49	03,332
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
Assets	51 a	Other notes and loans receivable (attach schedule)			
ş	Ь	Less: allowance for doubtful accounts 51b 0	0	51c	0
•	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,000	53	2,000
	54	Investments—securities (attach schedule) ▶ Cost FMV	0	54	0
	55 a	Investments—land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach			
	"	schedule)	0	55c	0
	56	Investments—other (attach schedule)	0	56	0
		Land, buildings, and equipment: basis   57a   29,980			
		Less: accumulated depreciation (attach			
	_	schedule)	15,200	57c	12,000
	58	Other assets (describe   Annity contract )	12,070		100,000
	59	Total assets (add lines 45 through 58) (must equal line 74)	205,144	59	273,191
	60	Accounts payable and accrued expenses	92,309		10,952
	61	Grants payable		61	
	62	Deferred revenue		62	
g	63	Loans from officers, directors, trustees, and key employees (attach			
ij	Ì	schedule)	O	63	0
Jabili ties	64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0
Ë	b	Mortgages and other notes payable (attach schedule)	O	64b	0
	65	Other liabilities (describe )	0	65	0
	66	Total liabilities (add lines 60 through 65)	92,309	66	10,952
	Orga	anizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74.			
v	67	Unrestricted	112,835	67	262,239
ည	68	Temporarily restricted	112,000	68	202,200
ä	69	Permanently restricted		69	
ä	ł	anizations that do not follow SFAS 117, check here			
Ę,		complete lines 70 through 74.			
ĬĬ.	70	Capital stock, trust principal, or current funds		70	
80	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Sa	72	Retained earnings, endowment, accumulated income, or other funds		72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;			
Ž		column (A) must equal line 19; column (B) must equal line 21)	112,835	73	262,239
	74	Total liabilities and net assets / fund balances (add lines 66 and 73) .	205,144		273,191
			,	1	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

•									
Form 990	0 (2004)				of Sacramento, Inc	94-116742	3		Page 4
Part I	/-A Reconciliation of Revenue per A	lud		Part	V-B Reconcil	ation of Expenses	pe	r Aud	ner Per
	Financial Statements with Reve					Statements with E	хþ	611363	pei
	Return (See page 27 of the instru	ctic	ns.)		Return	nd leases per	Т	T	
а	Total revenue, gains, and other support	İ	504 547	8	Total expenses a		a	.	593,217
	per audited financial statements	a	581,247			statements	۴		330,211
b	Amounts included on line a but not	١		Ь			1		
	on line 12, Form 990:			,	on line 17, Form				
(1)	Net unrealized gains	- [		(	<ol> <li>Donated services and use of facilit</li> </ol>				
	on investments \$	ı		,			1		
(2)	Donated services and	Į		(	2) Prior year adjust				
	use of facilities	١			reported on line Form 990		1.		
(3)	Recoveries of prior				3) Losses reported		7		4
	year grants	1		'	line 20, Form 99				
(4)	Other (specify):				(4) Other (specify):	· · · · · · · · · · · · · · · · · · ·	┨		
	3			'	4) Other (Specify).	\$	١		
	Add amounts on lines (1) through (4)	ь	0			\$	7		
	Add amounts on lines (1) through (4)				Add amounts on	lines (1) through (4)	٦ı	Ы	o
_	Line a minus line b	С	581,247	С	Line a minus line			c	593,217
5	Amounts included on line 12,	۲	501,247	ď	Amounts include	•			
a	Form 990 but not on line a:	ľ		_	Form 990 but no		ļ	. 1	
/4	Investment expenses			Į,	(1) investment expe		1		
(1)	not included on line				not included on		-   .		
	6b, Form 990 \$				6b, Form 990 .		ı		
12	Other (specify):	1		<b>!</b> ,	(2) Other (specify):		7		
12	s				(,	\$	$\perp$		
	\$	1				\$		1	
	Add amounts on lines (1) and (2)	ď	l o		Add amounts or	lines (1) and (2)		d	0
e	Total revenue per line 12, Form 990			e		per line 17, Form 990			
	(line c plus line d)	e	581,247					<u>e</u>	593,217
Part	_	tee	s, and Key E	mplo	yees (List each or	ne even if not compens	ate	d; see	page 27
	of the instructions.)								
		(B	) Title and average	ours	(C) Compensation	(D) Contributions to			Expense
	(A) Name and address		week devoted to po		(If not paid, enter -0)	employee benefit plans & deferred compensation	- [		unt and other lowances
	e Joe Contreraz Str 2251 Florin Rd.	†	Title President				寸		
	y Sacramento ST CA ZIP 95823	1	WK		0		ol		C
	e C Monroe Str 2251 Florin Rd.	+-	Title VP				┪		
	y Sacramento ST CA ZIP 92823	1	WK		0		o		C
	e D Myas Str 2251 Florin Rd.	•	Title Director						
	ly Sacramento ST CA zip 95823	1	WK		0		0		(
	e M Williams Str 2251 FlorinRd.	Τ	Title Director				П		
	ly Sacramento ST CA zip 95823	Hr	wk		0		0		
	ne N Wetmore Str 2251 Florin Rd.	Π	Title Director						
	ly Sacramento ST CA ZIP 95823	He	WK		0		0		(
Nan	<u> </u>		Title						
C		Hr	wĸ						
Nan		.[_	Title				Ţ		
С		Hr	wk						
Nan			Title				-		
C		Hr	<b>MK</b>						
Nan	ne Str		Title				-		
C	ity ST ZIP	Н	/WK		<u> </u>				
Nan	ne Str		Title				Í		
	er 70	1	ANK		l .		- 1		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes X No If "Yes," attach schedule—see page 28 of the instructions.

Form 99	(2004) Travelers Aid Society of Sacramento, Inc. 94-1167423			Page 5				
Part \	Other Information (See page 28 of the instructions.)		Yes	No				
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .	76_		X				
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х				
	If "Yes," attach a conformed copy of the changes.							
78 a	8 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?							
	b If "Yes," has it filed a tax return on Form 990-T for this year?							
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement							
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common		• •					
_	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?							
ь	If "Yes," enter the name of the organization ▶			· •4 •				
	and check whether it is exempt or nonexempt.		- 5 - 5					
81 a	Enter direct and indirect political expenditures. See line 81 instructions 81a			141				
	Did the organization file Form 1120-POL for this year?	81b		_X_				
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge							
_	or at substantially less than fair rental value?	82a		<u> </u>				
Đ	If "Yes," you may indicate the value of these items here. Do not include this amount	4						
92.0	as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . 82b N/A	-		•				
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X					
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<del></del>				
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u>X</u>				
	or gifts were not tax deductible?	045	NI/A	A, 1				
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	84b 85a	N/A					
	Did the organization make only in-house tobbying expenditures of \$2,000 or less?	85b						
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the	000						
	organization received a waiver for proxy tax owed for the prior year.							
С	Dues, assessments, and similar amounts from members							
	Section 162(e) lobbying and political expenditures							
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e							
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 0							
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g						
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to							
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the							
	following tax year?	85h						
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12							
	Gross receipts, included on line 12, for public use of club facilities							
87 5	501(c)(12) orgs. Enter: a Gross income from members or shareholders							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or							
55	partnership, or an entity disregarded as separate from the organization under Regulations sections							
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		х				
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	00						
	section 4911 ▶; section 4912 ▶; section 4955 ▶							
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction							
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach							
	a statement explaining each transaction	89b	_	Х				
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under							
	sections 4912, 4955, and 4958							
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization							
	List the states with which a copy of this return is filed ► CA							
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)			12				
	The books are in care of ► Name Elnor Tillson Telephone no. ► (916) 399	-0646		- 12				
	Located at ► 2251 Florin Rd. City Sacramento STCA ZIP + 4 ► 95823	-5040						
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		· · ·	▶∐				
	and enter the amount of tax-exempt interest received or accrued during the tax year							

MOIG: FU	ter gross amounts unless otherwise	Unrelated busi	ness incom	16	Excluded by secti	on 512, 513, or 514	(E)
indicated 93 Pr	l. rogram service revenue:	(A) Business code	(B) Amou		(C) Exclusion code	(D) Amount	Related or exempt function income
a							
		<del> </del>	<u> </u>		-	1	
			<del> </del>	-			
d e			<del> </del>				<u> </u>
	edicare/Medicaid payments		1			<del> </del>	
	ees and contracts from government agencies						
	embership dues and assessments						
	terest on savings and temporary cash investments .						
	ividends and interest from securities	·	1			ļ	<u> </u>
	et rental income or (loss) from real estate:		<del> </del>	\$			
	ebt-financed property		<u> </u>			<del></del>	
	et rental income or (loss) from personal property					-	
	ther investment income				· · · · · · · · · · · · · · · · · · ·		-
	ain or (loss) from sales of assets other than inventory						
	et income or (loss) from special events		<u> </u>				
	ross profit or (loss) from sales of inventory		ļ				
	ther revenue: a		<del> </del>				<u> </u>
			<del> </del>			<del></del>	
		<del></del>	<del> </del>				
e			<u> </u>				-
104 St	ubtotal (add columns (B), (D), and (E))			0		0	0
105 To	otal (add line 104, columns (B), (D), and (E))					<b>&gt;</b>	0
Note: Lin	ne 105 plus line 1d, Part I, should equal the a  Relationship of Activities to the Activities						
	of the organization's exempt purposes (other	trian by providing to	ilus foi suc	n purpo	ses).		
Part IX	Information Regarding Taxable Su	theidiaries and	Dierega	rdad F	intities (See n	age 34 of the in	actructions \
	(A)	(B)	Distegal	ueu L			(E)
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership int		Natur	(C) of activities	(D) Total income	End-of-year
N/A	partitions, or dislegations entity	Ownership in	%			Cottan modifie	assets
			%			0	
			%			0	
			%				
Part X	Information Regarding Transfers	Associated with	Person	al Ber	efit Contract	s (See page 34 of	the instructions.)
(a) Did th	ne organization, during the year, receive any funds, dire	ctly or indirectly, to pa	y premiums	on a pe	rsonal benefit contr	act?	Yes X No
(b) Did t Note: <i>If "</i>	the organization, during the year, pay premiu Yes" to (b), file Form 8870 and Form 4720	(see instructions)	l <u> </u>				Yes X No
Please	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	nd this return, including of preparer (other than	accompanyir officer) is bas	ng schedi sed on all	ules and statements, information of which	and to the best of my preparer has any kno	knowledge owledge.
Sign	P				1		
Here	Signature of officer				Date	l	
	Type or print name and title.						
Paid Preparer's	Preparer's signature	Da	ite 4/17/200		Check if Present in the present in	eparer's SSN or PTIN	(See Gen. Inst. W)
Use Only	Firm's name (or yours if self-employed).  Carlos E. Soler, CPA				EIN	▶ 94-2683535	
	address, and ZIP+4 910 Florin Road, Suite	e 200, Sacrament	o, CA 958	31	Phone	no. (916) 424-6	233
	·						Form 990 (2004)